



**Court Services and Offender Supervision Agency**  
*Community Justice Programs*

**REGISTRATION CARD**

**First Name** \_\_\_\_\_

**Last Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

*Please return Registration Card to:*

**DC Adult Reentry Strategy Committee**

633 Indiana Avenue, NW 13<sup>th</sup> Floor, Washington, DC 20004

Phone: (202) 202-5320 Fax: (202) 220-5316 [Email \(Click Here\)](#)

**I want to become involved.  
Please check all that apply:**

☐

Please register me for the  
Reentry Strategy Forum,  
6:30-8:30 p.m., June 12,  
2003.

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I want to be placed on  
CSOSA's mailing list.